

<b>Case Number:</b>	CM14-0022697		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/18/2011
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57-year-old female with a reported date of injury on 04/18/2011. The mechanism of injury was a cumulative repetitive motion injury. The injured worker had an examination on 11/12/2013 with complaints of low back pain, hip pain, and bilateral leg pain. The injured worker complained of weakness in the legs and the lumbar spine and pain at night in the spine while resting. The injured worker also reported experiencing symptoms of loss of balance, difficulty walking, and limping due to the pain in the right extremity. The injured worker's medication regimen included Oxycodone, omeprazole, and Percocet. The diagnoses consisted of status post lumbar hardware placement with removal and fusion. The recommended plan of treatment was to continue taking her medications. A urinalysis was performed on 08/13/2013 which was consistent with the injured worker's medication regimen. The request for authorization for a urine drug screen test for 12/03/2013 was not provided, nor was the rationale provided.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **RETROSPECTIVE REVIEW FOR URINE DRUG SCREEN FOR DATE OF SERVICE 12/3/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DRUG SCREENING.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, page(s) 78-80 Page(s): 78-80.

**Decision rationale:** The request for the retro urine drug screen test for 12/03/2013 is not medically necessary. The California MTUS Guidelines recommend for ongoing monitoring of the use of opioids to monitor the occurrence of potentially aberrant or non-adherent drug-related behaviors. The use of drug screening is recommended for issues with abuse, addiction, or poor pain control. There is indication within the provided documentation indicating the injured worker displays aberrant behaviors or is at risk for medications misuse. A urinalysis was performed on 08/13/2013, which was consistent with the injured worker's medication regimen. The requesting physician's rationale for performing a urine drug screen less than one year after the prior drug screen in the absence of aberrant behaviors was not indicated. Therefore, the request for the urine drug screen for 12/03/2013 is not medically necessary.